Challenges and Innovations in Community Health Nursing

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An outline

- The changing context related to community health nursing
- What lies ahead for community health nursing
- Examples of new innovations in community health nursing
- Preparing for the challenges

The changing context

- Socio-demographic context
  - → aging population: 25% by 2030
  - → changing characteristics of our older population
  - → altered family support
  - → increasing expectation for quality, efficient and effective health care services

The changing context

- Epidemiological context
  - → increasing prevalence of chronic conditions requiring long-term care
  - → multiple chronic conditions/ co-morbidities
  - → psychosocial illnesses and ailments

The changing context

- Health care context
  - → patients discharge from hospitals quicker and sicker; requiring considerable interventions in the community
  - → frequent unplanned admissions
  - → resources maximization
  - → changing roles of nurses
  - → era of evidence-based practice

So……

Your clients:

- Mostly older people with at least one chronic condition
- Frequent readmission/ use of hospital services
- ‘Sicker’
- Family care not usually available/ adequate
- Physical + psychosocial needs

And……

Your practice:

- Focus on managing chronic diseases & attending to clients' physiological and psychosocial needs
- Requires gerontology and 'cross-specialty' knowledge and skills
- Builds on evidence for community-based care
- Maximizes the use of resources

And……

Successful management of chronic diseases:

- are evidence-based
- use multiple strategies and interventions
- are patient-centred
- empower individuals to increase control over and improve their health
- promote collaboration among providers, organizations, families and community groups

And……

Core elements of your roles:

Traditional elements

- Basic and advanced assessment
- Risk identification and surveillance
- Individualized care and education
- Outcome monitoring
- Assisting patient to access other resources

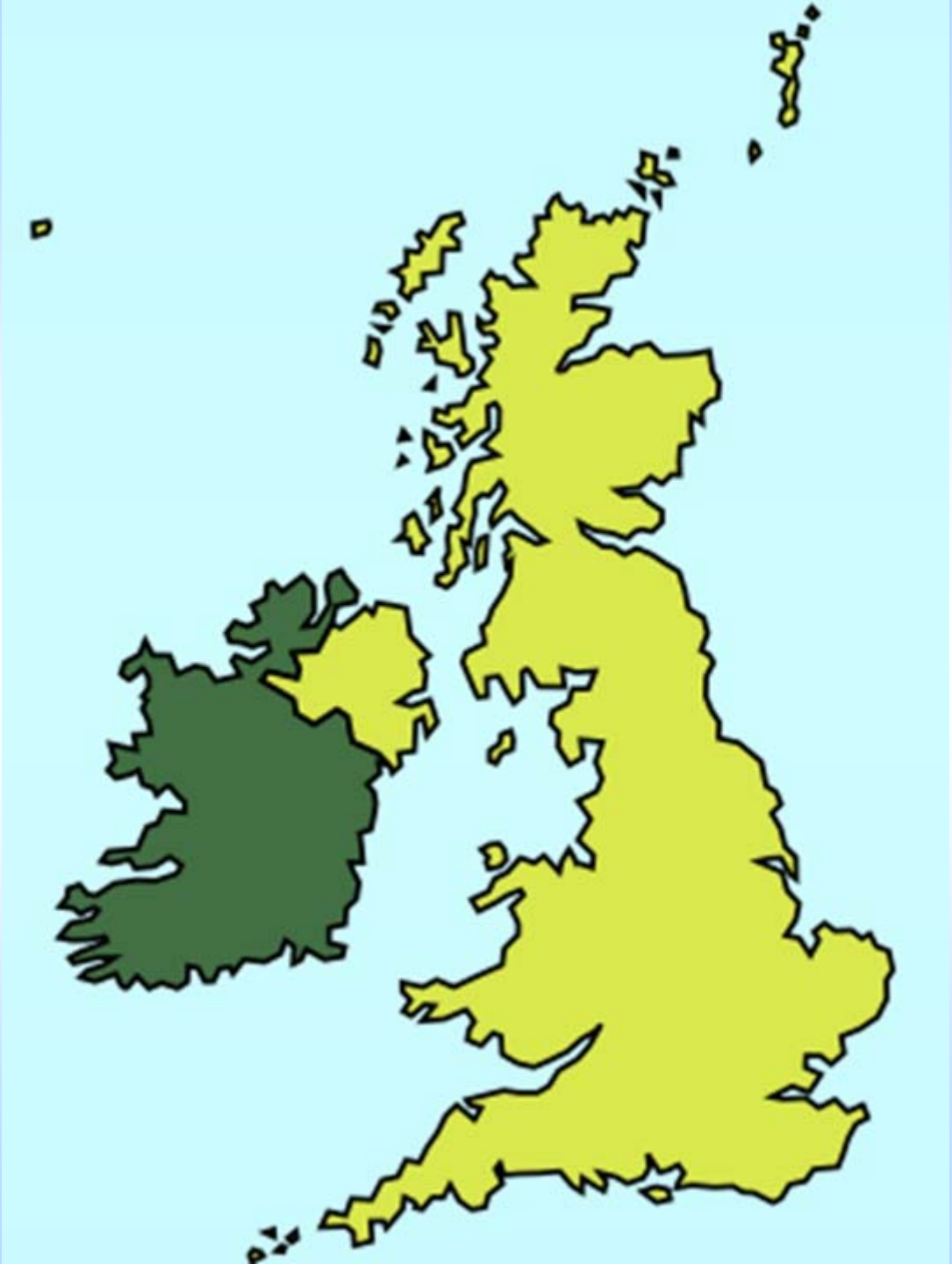
And……

Core elements of your roles:

Expanding elements

- Co-ordinating, planning and networking: patients, caregivers, multi-agencies
- Communication and building trust
- Use of evidence and cross-specialty knowledge and skills

→ New care delivery innovations



The UK experience: community matrons

Why community matrons?

- A national strategy to improve care for people with chronic, long-term conditions within primary care

Who are community matrons?

- A new advanced clinical role for highly experienced and skilled community nurses

The UK experience: community matrons

What do community matrons do?

- Hold a generic caseload of patients with complex long-term physical and mental conditions

- Offer specialist support and knowledge to colleagues in the community nursing team, other health and social services teams

The UK experience: community matrons

- Use case management techniques to diagnose, prescribe and manage patients with long-term conditions within primary care:
  - hub of each patient's clinical, psychological and social management
  - undertake investigations, prescribe treatment
  - liaises with medical, therapy and social care staff

The UK experience: community matrons

- Deliver highly-skilled specialized community care and inter-agency work to:
  - identify early warning signs,
  - investigate and diagnose exacerbations of illness
  - co-ordinate care, prescribe and arrange for treatment

→ Reduce crisis and avoidable admissions to secondary care

The UK experience: community matrons

How the team works?

- About 2 CMs and 2 staff nurses to form a team
- Target caseload for each CM=80
- CM to find patients who will benefit from their service (using the Patients at Risk of Re-hospitalization (PARR) software)
- Referral by other health and social care professionals, or by self-referral

The UK experience: community matrons

How the team works?

- Each patient is under the care of a primary CM who is supported by the staff nurse
- Patients are triaged daily (CM caseload triage categorization tool) to ensure they receive a level of care and review appropriate to their needs

The UK experience: community matrons

How the team works?

- Use telecare technology to assist with case triage and proactive case management, eg. record vital signs at home and sent to CM via tele-devices

Patient At Risk of Re-hospitalization (PARR) Tool

- A software tool that uses inpatient data to identify patients at risk of re-hospitalization within the next year
- www.kingsfund.org.uk/current_projects/
- Risk scores range from 0-100:
  - low risk: prevention and wellness promotion
  - moderate risk: supported self-care
  - high risk: disease-management
  - very high risk: intensive case management

CM caseload triage categorization tool

Red

Acutely unwell or unstable, daily or weekly visit

Amber

Have complex needs, monthly or bi-monthly visit

Green

Condition stabilized, visit every 3 monthly

The UK experience: community matrons

Evaluation of community matron services

- Caseload profile: 35-55 per CM
  - 90% over 75 years of age
  - COPD, falls, heart diseases
- High patient, carer and GP satisfaction
- Improved health indicators
- ? Reduce use of secondary care services
  - Potential benefit of telecare in surveillance and risk assessment highlighted


Taipei
Taiwan
Pacific
Ocean

The Taiwan experience: telecare

Why telecare?

- Rapid growth of elderly population & chronic diseases
- Relative good preparedness in IT
- Adopt a proactive rather than reactive approach for escalating LTC demand
- Improve accessibility and cost-effectiveness of health service

The Taiwan experience: telecare

Aim of telecare

To provide multidisciplinary continuing comprehensive care to support aging in place

- Community care service
- Home care service
- Institution care service

The Taiwan experience: telecare

Core telecare home services

- Case health management
- Tele-physiological monitoring
- Tele-consultation
- Tele-health education
- Living resources referral
- Emergency management

The Taiwan experience: telecare

Evaluation of home telecare: pilot study

- High patient, family and professional satisfaction
- Reduced hospitalization rate and A&E attendance
- Improved knowledge/ health behaviour
- Improved self-care
- Improved health indicators

Evidence based practice
in
community health nursing

EBP and community health nursing

1. The context of community health nursing
   - community health nurses deal with a wide range of health, social and educational issues
   - many community nursing problems relate to both psychosocial and physical issues
   - emphasis is on multidisciplinary team work

EBP and community health nursing

2. Nature of evidence in community health nursing
   - far beyond specific clinical interventions
     → process of caring and supporting clients and their families
   - the complexity of the context
     → acknowledge the role of clinical judgment

EBP and community health nursing

3. Assimilation of evidence
   - environmental constraints
     * most research evidence is from acute care settings: enclosed and controlled environment
     * the environment for community health care is an ‘open system’: multiple and unpredictable influences

EBP and community health nursing

4. Efficacy vs effectiveness

- high efficacy in RCT but low effectiveness in daily practice
- implementation issues e.g. practicality, complexity and resource requirement

→ ‘knowledge transfer’

Promoting evidence based practice (EBP)

- The need to develop research evidence that are to be implemented in realistic practice situations

  → examine not only clinical efficacy but also feasibility

The applied research model

An applied research model (Schenelle et al 1998):

clinical trial methodology

+

ongoing analysis of implementation issues under realistic caring (community) practice conditions

→ why and when things do or do not work

The applied research model

Prior to the trial:

- Collect consumers' views
  - consumer advocacy data vs statistical power data

The applied research model

During the trial:

- Measure how the intervention has been implemented
- Identify facilitators and barriers in implementing the intervention

The applied research model

Upon completion of the trial:

- Evaluate how well the interventions have been implemented in daily practice
- Address implementation barriers e.g. costs, consumer advocacy and staff training

The applied research model

Focus on both

the process

and

outcomes

Preparing for the challenges

1. To revitalize the workforce and increase capacity to care

Example: the productive community services programme in the UK

(http://www.institute.nhs.uk)

- an organization-wide change programme
- systematic engagement of all front line teams

Preparing for the challenges

- with a toolkit to enable community nurses to record
    * what they do
    * how they do it
    * the time it takes

→ outcome: identify and implement creative ways of improving quality and productivity

Preparing for the challenges

2. Workforce planning and modelling

3. Identify and pilot new care delivery models
   eg. initiate home telecare projects

4. Revisit the preparation/ education of :
   - new community nurses
   - existing community nurses

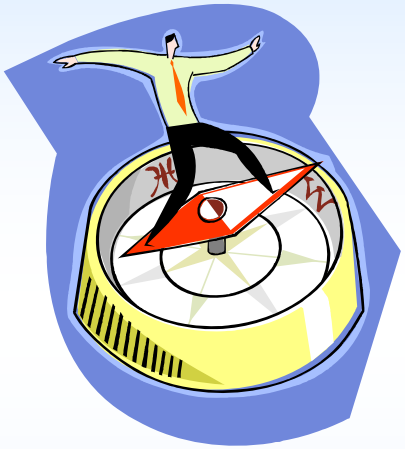
Preparing for the challenges

5. Examine the related legal and professional requirements to expand nurses' roles in the use of protocol-driven:
    - investigation
    - referral
    - prescription
    - discharge

Preparing for the challenges

Indeed,

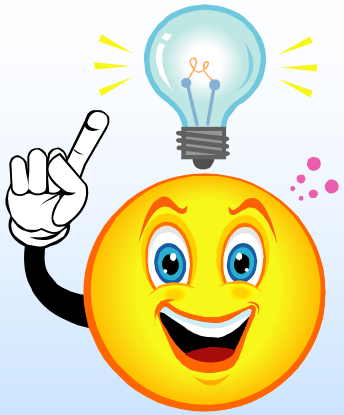
Its all about



CHANGE MANAGEMENT

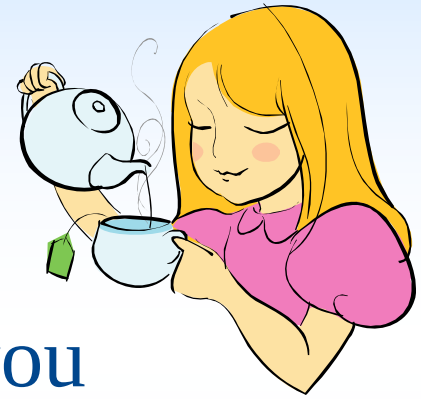
Remember…

Whatever imaginable is achievable; today's unthinkable could be tomorrow's inventions



So….

Have a cup of tea…..



If you are cold, tea will warm you
If you are hot/heated, tea will cool you
If you are depressed, tea will cheer you &
If you are excited, tea will calm you

Enjoy your tea……

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The Nethersole School of Nursing
THE CHINESE UNIVERSITY OF HONG KONG

PUBLIC LECTURE

Innovative Nursing Roles in Chronic Disease Management

Professor Sally Thorne

Professor and Director, School of Nursing,
University of British Columbia, Canada

All are welcome

Date : 15th April 2010, Thursday

Time : 17:30-18:00 (Reception)
18:00-19:00 (Lecture)
19:00- 19:30 (Light Refreshment)

Venue: Lecture Theatre 1, Esther Lee Building
Chung Chi Campus, Shatin
The Chinese University of Hong Kong

One Continuing Nursing Education (CNE) credit will be granted.

For further information, please contact Ms. Midco Wong at 2609 6207